MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00736 CERTIFICATE OF DEATH funeral and 2 death death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY by the f Pages 1 irs after after Garrett Virginia MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n and completely filled in by remove carbon papers. Pag in any event, within 72 hours hours days18 Hrs. Oakland Gormania d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Garrett County Memorial Hospital P.O. Box #96 3. NAME OF First Middle Last 4. OATE Month DECEASED (Type or print) Orloff DEATH Evars BOSLEY January executed 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED W NEVER MARRIED last birthday) Months I WIDOWED GIVORGED en please ri 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Cural Mail Carrier Govt. Gormania. W. Va. ificate attending phys ermit. Then ple m. or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Newton George Bosley V. Boselev Cert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Wife) Address has been signed by the attent as the burial-transit permit. (Yes, no, or unknwn) | (If yes give war or dates of service) Estella Otilia Boslev. Gormania. W. Va. CAUSE OF DEATH [Enter only one cause per Ine for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE **OUE TO** Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) D FUNERAL DIRECTOR: After this certificate high director, page 3 should be detached for use should be filed with the State Dept. of Health 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. MEDI - Not While retained by ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on January 26 19 67, and that death occurred at 2 18 My from the vauses and on the date stated above. 22a. 22b. 88 ATTENDING STAFF Page 4 may b M.D. DIRECTOR PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Oakland, Maryland Andrew E. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

00736

IS RESIDENCE ON A FARM?

Year

1967

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMEO? NO TO

(State)

(State)

YES

DATE SIGNED

(County)

Oay

Days

COUNTRY?

USA

Rox

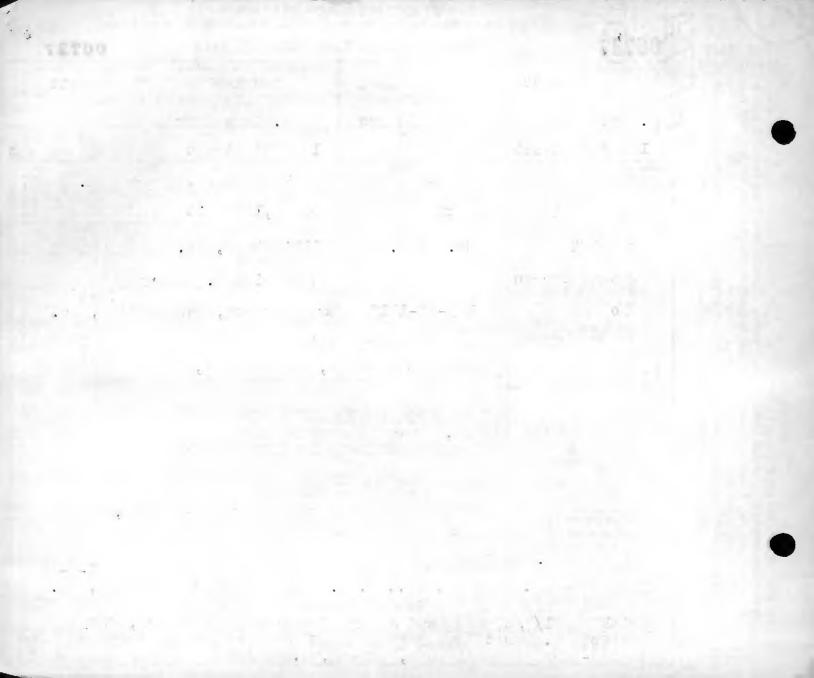
12. CITIZEN OF WHAT

NO

VR A15 (4) 20M 1/65

00,4386

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00737 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00737 HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY ny delay is 2, and 3 to PM3. Page Garrett a. STATE b. COUNTY Marvland Gameett of. after deoth MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write_RURAL and give nearest town) Lake Mt. Lake Park Park vrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm within 72 haurs 10/L "G" Street 10h "a" Streat Stote | YES NO IX Item 18. Give Poges 24 hours ofter deoth. Office along with 3. NAME OF 4 DATE Middle First Lost Month Day Year DECEASED EDWARD LAWRENCE CURRAN January 19 6 DEATH With S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 7 MARRIFO NEVER MARRIED Clost birthday) Months Dovs Hours White March 9,1900 Male WIDOWED **OIVORCEO** event 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if refired)
Chemist INDUSTRY COUNTRY? Wilkinsburg. Pa. ovt. = Examiner's un duy pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Thomas Curran Catherine M. Kanary IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Son pending" in ef Medical E (Yes, no, or unknown) (If yes give war or dates of service) 83-32-1112 Thomas Curran. Monroeville. per INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSEL AND DEATH Coronary thrombosis 10 IMMEDIATE CAUSE (a) This certificate should e, writing the word forwarded to the Cl cremation, DUE TO Arteriosclerosis, generalized. Years Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse burial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS! PERFORMED? Bronchial Chronic myocarditis asthma. please execute the certificate. YES NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) prior 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Poge of work its designated Inspection X 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry X and in my apinian the funeral director. Accident | death résulted fram: Natural causes . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Feaster, Jr., M. D. Address (Street, city, town, or county) Oakland, Md. James FO FUNEY Health 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURTAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) Baltimore. Maryland Auden Park Cemetery 256. REGISTRADIS SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 19 1967 VR A15ME (5) Home . Cak Land . Md DATE Leighton-Durst Funer



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director, filed with 5 oug physician attending gned certificate has been si e as the burial-transit moy be retained O FUNERAL DIREA page 3 shauld be

The second second the terminal and there is the second of the Exercise Tribes and Tribes and Tribes AND THE PROPERTY OF THE PARTY O A THE STATE OF THE Marie William Committee Committee William CONTRACTOR OF THE CONTRACTOR O

be executed within 24 hours after death.

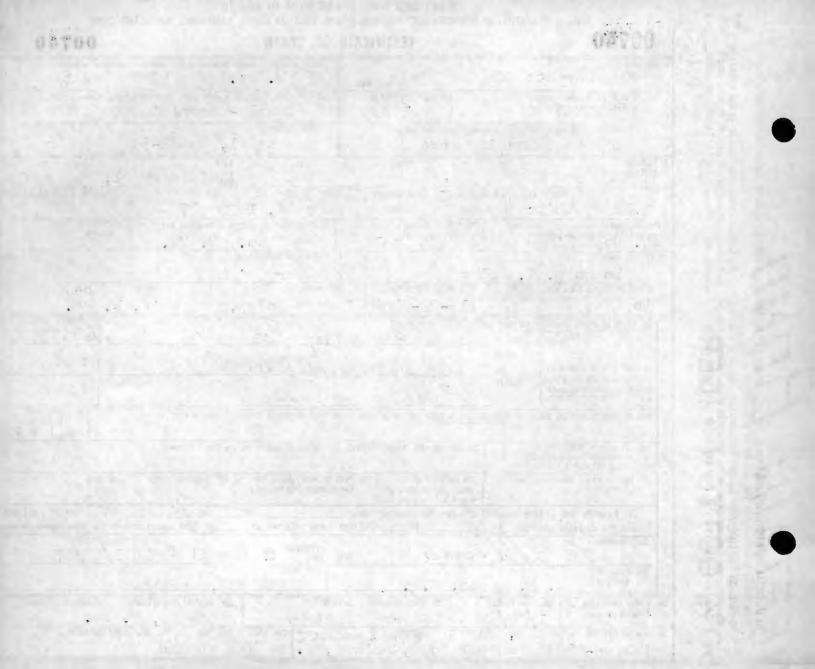
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00739	Tta	CERTIFIC	ATE O	F DEATH	l mb		00	739
1.	PLACE OF DEATH a. COUNTY			111		E (Where decease	d lived, II Institu	ition: Residence I	before admission
	CARK	RETT	MARYLA		. STATE	ARYLAN	b. COUNTY	GARRI	ミナナ
1	b. CITY OR TOWN (if outside of write RURAL and give near	orporate limits,	C. LENGTH OF STAY I		TY OR TOWN (IF	outside corpora	ite limits, write	RURAL and give	nearest town)
	OAKLAN	D.MIS	15 mo		KURA	L GRA	7NTSU	ILLE.	Mollil
1	d. NAME OF HOSPITAL OR INST	ITUTION (if not in he	spital, give street add	ress) d. ST	REET ADDRESS			6.	IS RESIDENCE ON A FARM?
	LUDDETT- WEEL	KS NURSING	HOME					YE	ES NO NO
3.	NAME OF DECEASED	First	Middle	-	Last	4. OATE	Month	Oay	Year
	(Type or print) LEBI		HADDAS FI	7 ZENB	AKIER	DEATH	JAN.	de	1967
5.	SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DAT	E OF BIRTH	1879 9. AG	E (In years IFI st_birthday) Mc	UNDER 1 YEAR on this Oays	FUNDER 24 HRS Hours Min.
10	111	WIDOWEO	OIVORCEO	DI NETTE	da, 18/8/	1 8	8 yrs.		
qui	a. USUAL DCCUPATION (Give kind or ring most of working life, even li	retired) 10b. KI	IND OF BUSINESS OR	11.1	BIRTHPLACE (Co	ounty & State, or i	foreign country)	12. CITIZEN O	
12	MINER	COR	1 MINES	OA	RRETT (Co. 111	0	11.5.1	14.
13	FATHER'S NAME			14.	MOTHER'S MAIO	EN NAME	en e		
15	5. WAS DECEASED EVER IN U.S. AR	TENISAK	SOCIAL SECURITYNO.	17. INFOR	HEST	ER U	E IBER I	/	
	es, no, or unkown) (If yes give war o		SOCIAL SECURITY NO.	17. INFOR	0- M	1 -	Address	- 11	\m 1
	1 10 CAUCC OF BOATH (Conton			Musc	30/1/81	therey o	Breend	sirkly	VAL BETWEEN
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED IN THE PART I. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED II. DEATH WAS CAUSED IN THE PART II. DEATH WAS CAUSED III. DEAT	OED DV	01 -	7				ONSE	T AND DEATH
	1150 IMMEDIATE	CAUSE (a)	rusive hi	700				611	0120
	Cenditions, If any, which	DUE TO	HOLED GEN	EA A II >	co A	RTERIN	SCLERA	301 7	7
	gave rise to Immediate	DUE TO	THE DISTRIBUTE	A1021-15	1/1		12000100	143,3	
	cause (a), stating the ((c)							
NO.	PART II. OTHER SIGNIFICANT CO		TING TO OEATH BUT NO	TRELATED TO	THE TERMINAL D	ISEASE CONDITI	ON GIVEN IN PAR	RT 1(a) 19.	WAS AUTOPSY PERFORMED?
CAT	Maria Carlo							YES	
CERTIFICATION	20a, ACCIDENT WAS UNDERLY	ING DE DEATH 20b. 0	ESCRIBE HOW INJURY	OCCURRED.	Enter nature of	injury in Part I	or Part II of It	em 18.)	
	OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL	EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month Hour a.m.				NJURY (Home, fa		y or town)	(County)	(State)
MEO	p.m.	19 While at work	Not While at work	120157, 00121					
	21. I certify that (I) (thi	s hospital) (attende	ed the deceased fro	m.MAR.	3, 15	15, told	N. 22_	1967, tha	at (I) (we) last
	saw the deceased alive	on JAN 2=	319.67, and	that death	occurred at	1/8/4M, from	the causes and		
	22a SIGNATURE	O the		ATT	ENDING -	MEO.	STAFF - 2	2b. DATE SIGN	HED
	22c. PHYSICIAN'S	wormer .		M.O. PHY	s. M		PHYS.	125/6	<i>[</i>
	NAME (Type)	SHOMORAD	NER	12		的好。	ANIA /	mo	
23	a. BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEM	ETERY OR CR	EMATORY	23d. LOCAT	ION (City, town	or county)	(State)
	EMOVAL (Specify)	25/67	HODISON	1	A	noisado	SOMERSE	ET C. 1	A.
24	. PUNERAL DIRECTOR	1 (2)	ADDRESS		25a. REC	D BY REGISTRA	AR 25b. REGI	STRAR'S SIGNA	TURE
	Don Mowman	~ Fran	tsville,	Md.	DATE	131 31	1967 2	Charles	Judge

VR A15 (4) 20M 1/65

4,100 CHERETT ... INMINING GRUSSIT CHELLEND MS 15 MG KURDE GRANTSVILLES 1/10 Cappert News Namey House LEADING THADORS FAZZAIGHTER JAN 62 6 1) IN X SHILL 88 MINER COM MINES GARGOT CO. MD 265 A JAMES FAZENBAGER HESTER SERENT Mrs Olya Modery Friender M. 1 ticking 1/25/67 Howard ADOLLA SAMESSET & PA Pentherman Frantiselle, Md

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00740 CERTIFICATE OF DEATH 00740 The law requires that the death certificate be executed within 24 hours after death physician and completely filled in by the funeral new please. Pages 1 and 2 months and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Carrett a. STATE b. COUNTY Grant MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) carbon popers. Pag ent, within 72 hours day - Gormania e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Route #1. Oak Rest Nursing Home YES DO NO Middle NAME OF First 4. DATE Last Manth Year Day DECEASED OF January HOMER DESOTO POLEY 19 (Type or print) IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lest birthday) Months Days Haurs White Male WIDOWED March DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY, Coal Grant Co., W. Va. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phy permit. Then Thomas W. S. Foley Mary High 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Son permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 9 Lester Foley. Cormania. Va. cremotian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been os the lost. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heolth ! YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory, street, affice bldg., etc.) Nat While While at work at work should be 21. I certify that (I) (this haspital) attended the deceased from. , that (I) (we) last M, from causes and an the date stated above and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING ance DIRECTOR PHYS. M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Oak! and Maryland directar, should 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL CREMATION. REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR horely VR A15 (4) 20 M 1/66 How . Oakland . Md Funeral eighton-Durst DATE



	1		0074	1	_ 11322	CERTIFI	CATE	OF DEA	TH			00741
20			PLACE OF DEATH						NCE (Where de			nce before admission)
- ts		1	, COUNTY	Garrett		MARYL		STATE	160000	b. COUNT	Comm	~++
고등			. CITY OR TOWN (i	f outside corporate limits		c. LENGTH OF STAY		CITY OR TOWN	Marylar N (If outside core	orate limits, write	RURAL and give	neerest town)
8			write RURAL and	give nearest town)								. /
				Park		5 WKB.		STREET ADDRES	Deer Pa	ırk		IE BEEIDENICE
	44			AL OK INSTITUTION (II	not in nospi	isi, give sreet addres	sį d.					a, IS RESIDENCE ON A FARM?
	70	-	Rt.	2			11		Rt. 2			YES NO X
			NAME OF DECEASED	First		Middle		tend	4. DATE	Month	Day	Yeer
			(Type or print)	Sarah		Sobina	Fos	ter	DEATH	Jan.	8,	1967
		5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9	. AGE (In years)		
			Female	White	WIDOWED		Jan	7. 1	881	86 yrs.	Months Days	Hours Min.
		10a	USUAL OCCUPAT	ION (Give kind of work	1Db. KIN	ID OF BUSINESS OR II			-		12. CITIZEN	OF WHAT COUNTRY?
		dor		rking life, even if retired		in FT common	1 D	oom Do	mle Ma		USA	
		13.	Housewi:	i.e.	OW	n Home_		OTHER'S MAID	rk, Md	•	DDA	
				**								
		15	WAS DECEASED EV	Henry ER IN U.S. ARMED FORCE	<u>Jora</u>	an	L 17 INDOR		na Kop	Address		45 (1-4-4) (1-4-4)
		(Ye	i, no, or unkown) (I	fyesgive war or detes of se	rvice)	OCIAL SECORITI NO						
			no		217	-54-6204		Daisy	Schmid	t Deer		mall access
				EATH (Enter only one			1	0				HERVAL BETWEEN
		Ш	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	LONG	GETIVE	HEARLY	HAL.	MIN			Ryps.
		П	422.1	DUE TO								•
		П	Conditions, if any	, which \ (b)	ADUAH	UCED H-9	C-V	- DISCEA	KE			
			gave rise to immadi	No. IN LIFE TAX								
			(a), stating the u	поелугод								
		z	PART II. OTHER	SIGNIFICANT COND.T	ONS CONT	RIBUTING TO DEATH	BUT NOT RELAT	TED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART I(a)	19. WAS AUTOPSY
	2	8										PERFORMED?
	5	5	20. ACCIDENT W	AS UNDERLYING []	20h DESC	RIBE HOW INJURY O	CCURED (Enter	neture of injury	in Part I or Part I	of item (B.)		110 [] 110 []
		CERTIF	OR CONTRIBUTING	CAUSE OF DEATH	200. 0130	AIDE TO TO TO TO TO	COOMED! (EM.)			,		
				MEDICAL EXAMINER)		JURY OCCURRED 2		AND THE PERSON OF THE PERSON O	- 20 167	y or lown)	· · · · · · · · · · · · · · · · · · ·	(State)
		MEDICAL	20c. TIME OF INJU	RY Month, Day, Yes	While	Not Whila		et, office bldg.,		y or lown;	(County)	(2:014)
		ME	p.m.	19	al work				<u> </u>			
			21. I certify t	hat (I) (this hospita	al) atlend	ed the deceased	from 1.5	=15	., 19. 5 .] 10.	JANUALE	, 19.6:	that (I) (we) las
				ed alive on DAN		19.67), and						ate stated above.
			22% SIGNATURE			<u>F</u>	ì	/				, 22b. DATE
			ea (15	hu. Oha-tro				TTENDING HYS.	MED. DIRECTOR	T PHYS.		1 A LOSIGNED
		-	220 PHYSICIAN'S	monthsome	·		771.00	d. ADDRESS				+ 1101 -
	1		MAME OTYPH	WALD-191	1/2	mo		26 E.Az	NEO. SP	1) AKI AN	ND D	il.
	/			VIOLENTIA	21	V/ // //				ATION (City, low	n ne navenil	(Stele)
	7	23a	REMOVAL (Specify)	ON, 23b. DATE THERE	Or I	23c. NAME OF CEA					/	(31616)
	N	_	Burlal	1 1/11/0	(Oakland	Cemete			land, M		
) '	17	24	FUNERAL DIRECTO	S'S SIGNATURE	1	ADDRESS	38		4 /	TRAR 256, REG 1007	Viliani C	udal
		18	walk of	. Of unnes	5	Oakland,	- Mary 1	and DATE	JAN T	1901	7	10

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00742 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00742 HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before own ssion) PLACE OF DEATH n COUNTY o STATE delay is and 3 ta M3. Page Garrett Maryland after death. MARYLAND Department b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (f outside corporate mits, write RURAL and give nearest town) c. LENGTH DE STAY IN 16 Mt. Lake Park Mt. Lake Park Yrs. IN NAME OF HOSP TAL OR INSTITUTION (f not in hospital give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? nate Deg YES T NO DC 24 haurs after death 3 NAME OF Eirst Midd e Lost 4 DATE Month ൊ within 72 DECEASED OF Roy Franz Bruce Jan. 31. 19 67 (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years F UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED last pirthdoy) White Nov. 11. 1891 Male WIDOWED DIVORCED K 1Do LSJAL OCCUPATION (Give kind of work done 11 B RTHPLACE (State or foreign country) 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Aub Flower's Friendsville, Md. Laborer pages in any please execute the certificate, writing the word "pending" in pencil 1. I director. Page 4 shauld be farwarded to the Chief Medical Examiner 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate shauld be executed within William Frantz Eliza Fike 15 WAS DECEASED EVER IN J.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or doles of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address or remayal. Mrs. Loretta Crites Aberdeen, Md. no 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY. Minutes . IMMEDIATE CAUSE (o) Fractured skull burial, cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO designated agent, priar ta 2Do EXTERNAL CAUSE WAS PRIMARY ☑ OF CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Port II of Item 18) Fell on ice in alley near home and struck head. CAUSE OF DEATH 2Dx TME OF INJURY Month, Doy, Yeor 8:45 Hour om 1-31 2De PLACE OF INJURY (Home, form 2Dd IN. JRY OCCJRRED 20f (City or town) (County) Not While S to story at the t, off ce bldg , etc) Mt. Lake Park Garrett Md. may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy Inspect on 🔀, Inquiry [X], and in my opinion Notural couses Accident & Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-31-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county Dakland. Md. NAME (Type) James H. Feaster, Jr., M. D. 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 500 Oak Grove Cemetery Garrett Co. Maryland 24: FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5) Oakland, Maryland FEB DATE

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VS A15 (4) 15M 9/55

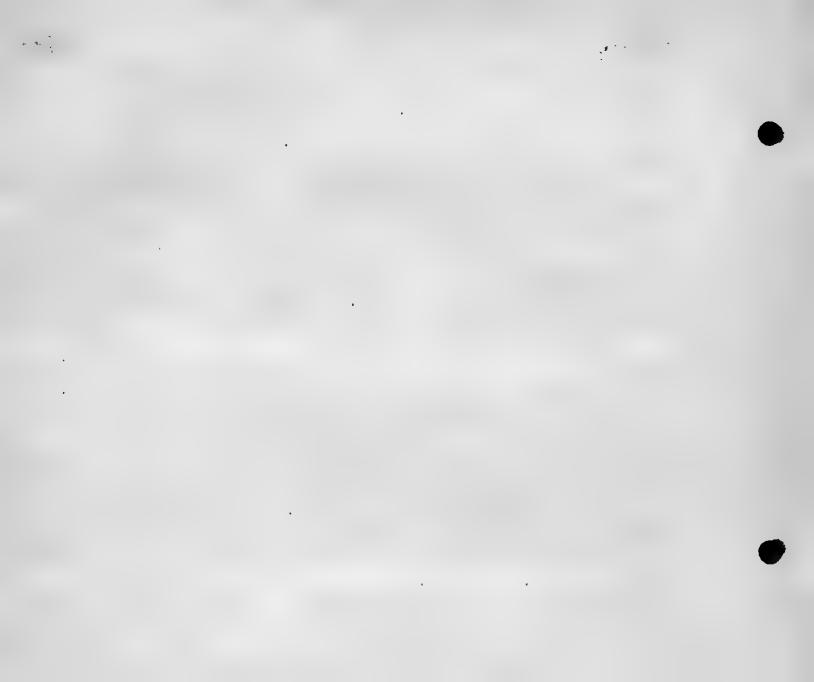
MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 1	В

1	00743			CERTIF	ICAT	E OF [PEATH	l		Reg. D	ist, No.	0	0743
1	1. PLACE OF DEATH a. COUNTY	LND 2.	o. STATE	ence (who		d lived. If institu b. COUNT	Υ	iani Residence before admiss Garrett					
	b. CITY OR TOWN RURAL and give	Garrett. (If outside carporate lin rearest lawn)	nits, write	c. LENGTH OF STAY IN	116				rate limits, write)
	Rural Oak	ITAL (If not in hospital,	30 Yrs.		d. STREET		Oakl	and		1	. IS RES	IDENCE	
7	or institution Rural					Rt	ral						FARM?
	3 NAME OF DECEASED (Type or print)		irst	Middle		los	1	4. DATE OF DEATH	_	anih	Doj		Year
	5. SEX	16 COLOR OR RACE	iggie	D/	F** P D	Hebb.			9. AGE (In year	HELIMDE	3 2 1 V PA DI		1967 ER 24 HRS
	Female	White	WIDOWE	IED 🔲 NEVER MARRIED D 💭 DIVORCED		March		872	last birthday	Months	Days	Hours	Min.
	10a USUAL OCCUPAT	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTRY				ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
	Housew	rking life, even if retire ife	a)	Home			ora,		**		USA		
	13. FATHER'S NAME				1	4 MOTHER'S	MAIDEN N	AME					
	Daniel L		nerro la		112 11450		a Mil	ler					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT [You, no or unknown] (If you give wor or dated of service)												
	No None Missly Held RT 2 Oakland md.												
	1 1	•		e for (a). (b), and (c)	1/	7	/	0	. / ,	_		RVAL BE	
	PART I. DEATH WAS CAUSED BY. (erebral Varouter Hoodelant 2 days											ayo	
	1911	DUE TO 1 + 10 1. 1/ 19 - 1/1											1
		gove rise to immediate (b) Hybriogetarotte Cardeo Varcular Derease bullenew											we w
		cause (a), slating the <u>under-</u>											
2	PART II OT												RMED?
	200 ACCIDENT WORK CONTRIBUTION	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	1	RIBE HOW INJURY OCC	URRED (E	inter nature a	f injury In Pi	ort I or Par	t II of item 18.}				
	20c. TIME OF INJU	RY Manth, Day, Y 19	ear 20d IN While at work	Nat while	0e. PLACE factory	OF INJURY (. street, affici	Hame, form, bldg , etc.)	20f (City	or town)		Caunty)		(State)
	21. I certify t	21. I certify that I oftended the deceased from 12/29, 1959, to Jan 3, 1967, that I last saw the deceased											
	alive on	Jane 2	19_	eZ, and that d	leath oc	curred of			n the couses		he dot	e stote	ed above
	ACTUAL	2///	The	-/- //-		A.L	0/4	ODRESS (SI	freet, city or toye	n, state)	/	Di	AJE SIGNED
	SIGNATURE	pront	J. ,	largh lon	M D	CAR	e512	115,	Odklein	el flu	Z ,	<u> </u>	Van lo
/	PHYSICIAN'S NAME (Type)	HERBERT H.	LEIGH	TON, M.D.		OOK (FIFT	H Sts	. Oakla	and, M	d. 2	1550) ====================================
	220. BURIAL, CREMATI REMOVAL (Specify		:OF	22c. NAME OF CEMET	ERY OR CF	REMATORY		22d. LOCA	TION (Cily, town			(Stot	e)
	Burial 23 FUNERAL DIRECTO	Jan 5	1967	Family Co	meter	y			ora, W.				
	IZO TUNERAL DISECTO					-	DA- BECCO	BY REGIST	TDAD DAL DEA	GISTRAR'S SI	CONTACTOR	T	

240. REC'D BY REGISTRAR DATE JA!! 9



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00745 00745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) p. COUNTY a. STATE **b.** COUNTY 3 fa Page Maryland hours after death. Garrett MARYLAND Department b CTY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c. CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest town) C + ENGTH OF STAY IN 16 Oakland 56 days Oakland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RES DENCE ON A FARM? d STREET ADDRESS Office along with farm in Item 18. Give Pages 1, Rt. YES NO 3 ote Cuppett-Weeks Nursing Home 3 NAME OF with the Sto within 72 h First 4 DATE Doy Lost Month DECEASED OF Stephen Knotts (Type or print) Elza DEATH January DATE OF BIRTH 9 AGE [n years 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Months Doys Hours 6/16/80 WIDOWED DIVORCED haurs Male White event 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR during most of working life leven if retired) INDUSTRY Coal W. Va. Miner d "pending" in pencil ii Chief Medical Exam ner 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME certificate should be executed within Ezra Knotts Sarah Fansler 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) IfIt was give wor or dates of service ar remayal. Robert Sliger Cottage City. Md. no IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMED ATE CAUSE (rg) 24 lirs. Word crematian, DUE TO Arteriosclerosis, generalized Cand't ons, it any, which gave Years rise to immediate couse (a). DHE TO 0 stoting the underlying couse 0.5 used as burial, a lost 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO DO YES 🗌 please execute the certificate, agent, priar to pe 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of item 1B) 3 should PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or fown) (Stote) 20c. TIME OF INJURY Month, Day, Year 5 may be retained for your ...
TO FUNERAL DIRECTOR: Page 3
Health ar its designated agen foctory, street, office bldg, etc.) Hour o.m. Not While of work Inquiry X 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 and in my apinion Natural causes 🕱 Undetermined manner death resulted from: Accident. Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 1-26-67 TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oakland. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION 236 DATE THEREOF /66 Nethken Hill Cemeterv Elk Garden 256 REGISTRAR & SIGNATURE 250 RECD BY REGISTRAR 245 FUNERAL DIRECTOR leavelen 3 1967 VR A15ME (5) Oakland, Maryland DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH OUTSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH attending physician and completely filled in by the funeral rmit. Their please remove carbon papers. Pages 1 and 2 n, or remowal, and in any event, within 72 hours after death. after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Garrett MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 24 hours Oakland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Oakland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO. 6th St YES L_ Garrett County Memorial Hospital executed within NAME OF Last 4. DATE Month Year DECEASED (Type or print) DEATH 1967 IFUNDER 24 HRS. Norton AGE (In years IF UNDER IYEAR 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Davs Hours 12/17/94 WIDOWED J DIVORCED F 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? UMB Lors Bluffton, Georgia U.S.A. Housewife 13. FATHER'S NAME MOTHER'S MAIDEN NAME Morton, Charles Peter
15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (Ifyes give war or dates of service) Amanda Ellen 16. SOCIAL SECURITY NO. 17. INFORMANT Address Husban' TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or it Kermit Brounninger Lohr. Oakland. Nd. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (C) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO C 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCUPANT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1967. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from , and that death occurred at 7.05M, from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS Oakland, Maryland PHYSICIAN'S NAME (Type) Dr. B. 3a. Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Cremation 1/17/67 LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY ittsburgh, 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR 1 25a. Leighton-Durst VR A15 (4) Funeral 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death. and 2 death: 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Garrett Maryland after Garrett by the MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers, Pag within 72 hours hours Days McHenry, Maryland Oakland .5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Marsh Drive The Garrett Co. Memorial Hospital YES _ NO N etely carbon NAME OF Middle Last DATE Month Oay Year DECEASED OF event, comple (Type or print) DEATH 1967 10 Charles Paugh OATE OF BIRTH Everett years I 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED AGE (In 9. THUNDER 1 YEAR !! FUNDER 24 HRS. етпоуе last birthday) | Months | Days Hours any and Male White 68 WIDOWED **OIVORCED** 10a. USUAL OCCUPATION (Give kind of work done .⊑ 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) death certificate be COUNTRY? ease J.S.A. Alrenal 1100. 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending permit. Then Paugh, William Henry Davis Marrey Emma Louise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT igned by the attendial-transit permit. 16, SOCIAL SECURITY NO. Address (Yes, no, or unkown) [(If yes pive war or dates of service) (wife) Mary K. Paugh McHenry, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia: Chronic Glomerulo-Nephritis the hospital or attending physician. burial-ti burial. 11-11 DUE TD Epistaxis Conditions, if any, which (b) After this certificate has been a be detached for use as the but State Dept. of Health prior to b gave rise to immediate DUE TO cause (a), stating the Malignant Hypertension underlying cause last as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Gout NO FY YES 20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [7] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work be retained 19 60, to Jan. 10 19 67 that (1) 4mc) last 3 should with the 21. I certify that (I) (this hospital) attended the deceased from JAN. TO FUNERAL DIRECTOR: saw the deceased alive on Jan. 10 <u> 1967</u> , and that death occurred at 3.50M, from the causes and on the date stated above. DATE SIGNED SIGNATURE 22b. director, page should be filed ATTENOING STAFF DIRECTOR PHYS. M.D. PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) E.I.Baumgartner Oakland, Maryland BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Gard, pa al Oakland. Maryl and REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LADDRES Durst harelen hton-Durst VR A15 (4) Funera DATE 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00748 00748 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE **6 COUNTY** 2, and 3 ta PM3. Page Œ, Garrett MARYLAND Garrett Department b CTY OR TOWN (If outside carporate mits. c LENGTH OF STAY IN 1b. c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) offer (Rural) Grantsville Grantsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE haurs ON A FARM? pencil in Item 18. Give Pages YES 🗔 NO T 24 haurs after death. Office alang with 3 NAME OF Last 4. DATE Month Day Year DECEASED OF Charles George Reichenbecher DEATH Jan. IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Haurs WIDOWED DIVORCED 10a JSUAL OCCUPAT ON (Give kind of work dane 10b K ND OF BUSINESS OR INDUSTRY Farm 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
ROLIPET FARMER COUNTRY? (Rural) Grantsville Chief Medical Examiner's any pages in any 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed with n Peter Reichenbecher Ottilie Hanft ond IS WAS DECEASED EVER NUS ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) remayal, Mrs. Rosa Kanp, Grantsville, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Б Coronary thrombosis IMMEDIATE CAUSE (o). e, writing the ward farwarded to the Ch This certificate should crematian, DHE TO Years Arteriosclerosis, generalized Conditions, fany which gave rise to immediate couse (a). DHE TO stating the underlying cause burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO SE 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) designated agent, priar PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour a.m. factory, street, affice bldg, etc.) at work of work Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X, may be retained far FUNERAL DIRECTOR: ond in my opinion the funeral director. deoth resulted from: Notural causes oc. Accident/ Suicide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 5 may be 10 FUNERAL Health ar i DEPUTY MEDICAL EXAMINER (X) EXAMINER'S Address (Street, cty, town, or county) Oakland, Ind. James H. Feaster, Jr., NAME (Type) 23a BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d ¿OCATION (City or Town) (County) Cove REMOVAL (Specify) Accident Garreut 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 75a REC'D BY REGISTRAR Musseles VR A15ME (5). DATE JAN 5 6M 1/66 Grantsville.

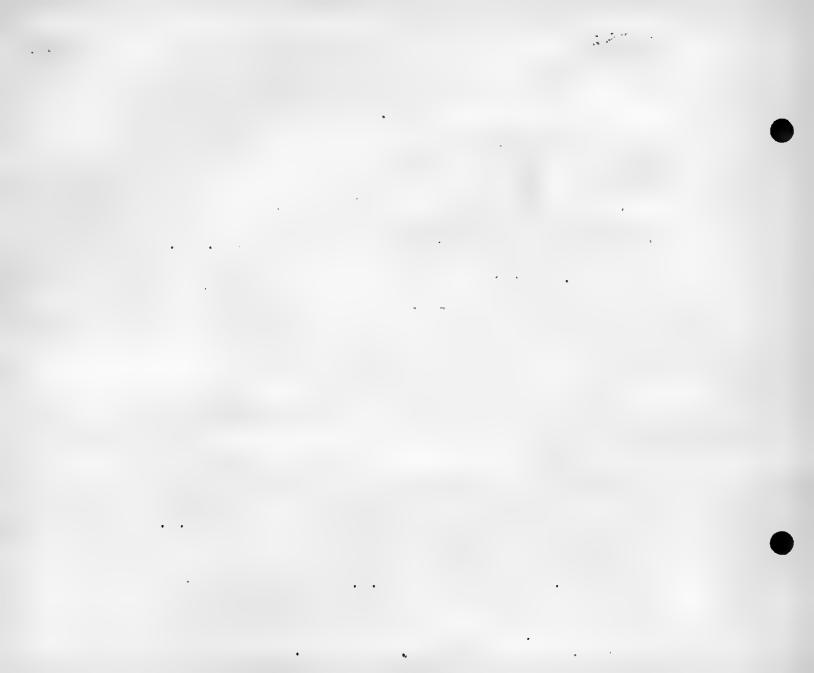


1	Division of STATISTICAL RES	MARYLAND STATE DEPARTMENT SEARCH AND RECORDS, 301 W. PRESTO	T OF HEALTH ON STREET, BALTIMORE, MARYLAND 2	1201
	00749		ATH	00749
rs after death.	1. PLACE OF DEATH OCUNTY CARRETT	2. USUAL RE o. STATE	SIDENCE (Where deceosed lived, if institution Result b. COUNTY)	ence before admission) PRRETT
ate be executed within 24 haurs after can and completely filled in by the fur ease remave carbon papers. Pages 1 and in any event, with n 72 haurs after	b CITY OR TOWN (If outside corporate limits, write ARAL and give nearest tawn)	3VRS FR	OWN (If autside carparate limits, write RURAL and a	
filled in papers. The notation of the north	DAK KEST NURSING	HOME	``	e IS RESIDENCE ON A FARM? YES NO
ecuted with completely ave carbon y event, with	3. NAME OF DECEASED (Type or print) BENJAMIW 5. SEX 6 COLOR OR RACE 7. MARRIE	F, Squage D NEVER MARRIED [] 8 DAUE OF BIR		Doy Year // 19 6 7 ER 1 YEAR IF UNDER 24 HRS.
and con remave in any ev	100 USUAL OCCUPATION (Give kind of work done 19b.	DIVORCED 3/22		CITIZEN OF WHAT
physican o	during most of working life, even if retired) 13. FATHER'S NAME	INDUSTRY COTTER. FAC. 14 MOTHER	ENDSUILLE MO	COUNTRY? S 17
te death certi attending ph permit. Then	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO 17. INFORMANT	RTHA FRIEND Address F	Pp
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, with in 72 haurs after deage.	18 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cereberal Throm	bosis	INTERVAL BETWEEN ONSET AND DEATH
w requires ling physic een signed the burial, r ta burial,	Condit ons, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	Invenioscienatic Gi	enenalized.	
PHYSICIAN: The law re he haspital or attending this certificate has been stated far use as the beat af Health priar take	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ahr)		19. WAS AUTOPSY PERFORMED? YES NO
VSICIAN aspital certifica certifica thed far	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter nature of		frank i
JING PHYSICI by the haspit ifter this certif be detached State Dept. af	日 Hour o.m. WH	H. INJURY OCCURRED All PLACE OF INJURY (I factory, street, office or work	e bidg., etc)	County) (State) 9.67, that (1) (we) las
t OR ATTENDING be retained by t DIRECTOR: After ge 3 shauld be of		an 1967, and that death acci	urred at 1 AM, fram causes and an	the date stated abave
D HOSPITAL OR ATTENE Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22c PHYSICIAN'S NAME (Type) B. I. Girant	M.D ATTENDING PHYS. 22d. ADD	DIRECTOR L PHYS. L 7	12 Jan 67
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fil	230. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Toyo)	Palentry (State)
VR A15 (4)	24. FLARRAL DIRECTOR	ADDRESS - DO MIN	250. REC'D BY REGISTRAR 1 25b REGISTRAR 3	S SIGNATURE Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00750 PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. campletely filled in by the funeral fave carbon papers. Pages 1 and 19 events, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY Q STATE **b. COUNTY** Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 c EITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) vrs. Alexandria e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Street Cum, abb-Wacks Nursing Hone NO FE NAME OF Month Middle Lost DATE Year First DECEASED KATI SHIRER January 26. 19 (Type or print) DEATH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 21,1881 lost birthdoy) Femule hite DIVORCED signed by the ottending physician and burial-tronsit permit. Then please rear or removal, and in an 12 CITIZEN OF WHAT COUNTRY? 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 1). BIRTHPLACE (County & State or foreign country) 10b during most of working life, even if retired) **INDUSTRY** Store Thilippi. W. Va. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mahala Spedden 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Scott Chiror, Oaklant, Maryl INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) ONSELAND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) IEPMINAL DUE TO Conditions, if ony, which gove DIANCED HRJERIN SCLERROSIS rise to immediate couse (a), DUE TO stating the underlying couse for use as the b f Health prior to b Page 4 may be retained by the Cospital or attending has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Stote Dept. of Health NO Z TO FUNERAL DIRECTOR: After this certificate 20o ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detoched 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram 100 4 1962, to Jaw. 26 should saw the deceased alive an San 21 1967, and that death accurred at M. from casses and an the date stated above. 220 CHGNATURE, 22ba DATE SIGNED STAFF PHYS M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S Oakland, Maryland NAME (Type) Bourgartner, M.D. director, should 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 ral Zo to . C 9 1 1 1 1 DATE

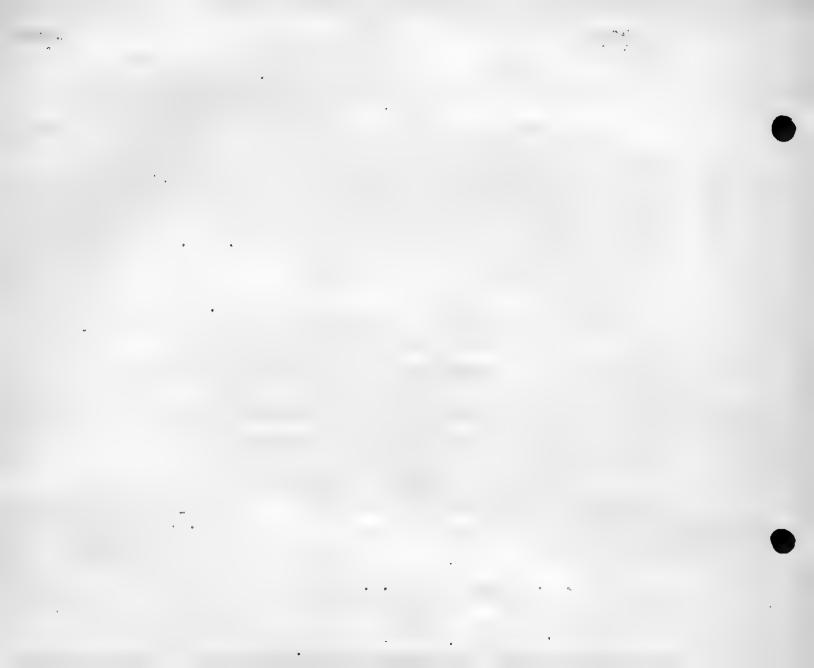
MARYLAND STATE DEPARTMENT OF HEALTH



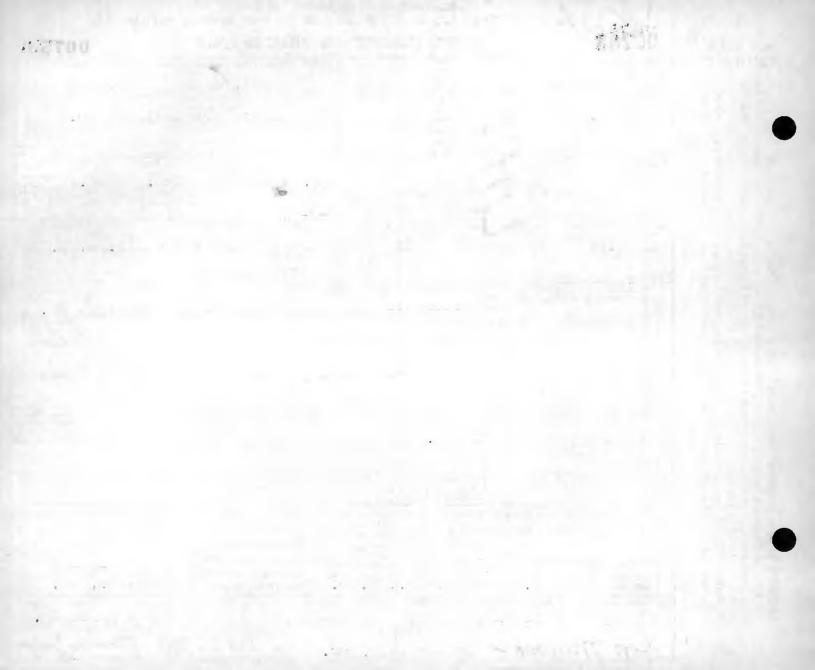
2 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
r death. Furieral 1 and 2 rr death.		Pasidense before admission)
r de	a, COUNTY a, STATE b, COUNTY	
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y fill	Garrett County Lemorial Hospital Rt. 1	YES NO NO
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~ _ ~ _ =	10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreion country) 1 12, C	CITIZEN OF WHAT
Sicis and Sicis	during most of working ilfe, even if retired) Housewife Own Home Red House, Maryland U.	S.A.
icat value	13. FATHER'S NAME	
certifica ding pt Then remova	Silliam Henry DEVERS Sarah Ruhama HANLIN	
e death certificate be to the attending physician it permit. Then please iation, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	(12)
dea he a peri	1.0 234-64-2862 Julius Sisler, Gormanic, 1	INTERVAL BETWEEN
£ . ≥ 2 £	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
that iciar ned I-tra II, cr	4/22 / IMMEDIATE CAUSE (a) & ACCURATE FULLIFICATION OF THE CAUSE (a) & ACCURATE FOR THE CAUSE (a) & ACC	100
phys sign	Conditions, If any, which) DUE TO MUSTCALL OF KRIT Resease	450
equi ing ing been the t	gave rise to immediate cause (a), stating the DUE TO	the
law r ttend has t as t prior	underlying cause last. (c) Clfelty Cllice	WAS AUTOPSY
The law requires that to or attending physician pate has been signed to ruse as the burial-transalth prior to burial, creath	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 1: (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO 2
Tral C	20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 1	
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this this letac	20c. TIME OF INJURY Month, Day, Year Hour a.m. While D.m. 19 At work a	ounty) (State)
JING PI of by th After t d be de s State	Hour a.m. While Not While at work at work	1
OR ATTENDING De retained by IIRECTOR: After je 3 should be	21. I certify that (I) (this hospital) attended the deceased from 1907, to 1907	that (I) (we) last
ATTE retain CTO sho rith	saw the deceased alive on 196, and that death occurred at 12:25 from the causes and on 22a. SIGNATURE	the date stated above.
De De Se 3	22a. SIGNATURE M.D. ATTENDING MED. P.M STAFF 22b. DIRECTOR PHYS.	Vau(27
PITAL 4 may ERAL Cor, pag	ZZG, PHINIGIAN'S	1
O HOSPITAL Page 4 may D FUNERAL director, pa	Dr. Andrew E. Mance Cakland, Maryland	
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or concentration)	ounty) (State)
(24. FUNERAL DIRECTORO TIL C. DUTST PAPORESE) JULIA TO LEGISTRA 256. REGISTRA 256. REG	R'S SIGNATURE
VR A15 (4)	Leighton-Durst Tune al 13 c, Carland, 10 DATE JAN 9 1867	ares Judge
15M 4-64	Tour Aliv.	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00752 90752 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death Systolian and campletely filled in by the funeral en please remave carbon papers. Pages I and wer and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **b** COUNTY Camcatt Farmatt MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give neurast town). c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Route Poute. YES 🗍 NO TX 3 NAME OF Middle 4. DATE Month Last First Year DECEASED Hanua (Type or print) DEATH AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last Airthdoy) Months Dovs Haurs DIVORCED WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 10h KIND OF BUSINESS OR 12 C TIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) Corrett Co. . Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME David J. Slabach Catherine Schertz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, at unknown) (If yes give wor or dates at service) None Oakland . Md . 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY EREBLAL VASCULAR IMMEDIATE CAUSE (o DUE TO burial ortensing-Atternocheratic Cardio Wase. Disence Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse Page 4 may be retained by the haspital or attending OF LINERAL DIRECTOR: After this certificate has been for use as the last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO [2] YES 2Do ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While at work anded the deceased from DIX , 1952, ta b 2 , 1967, that (I) (we) last 1967, and that death occurred at 200 M, from causes and an the date stated obove 21. I certify that (I) (this hyspital) attended the deceased from JULY shauld saw the deceased olive an Jan SIGNATURE 22b. -DATE SIGNED PHYS. M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN S NAME (Type) .agarin เไยทหาไดก director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Country) 23g BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Spenty) 25a, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00753 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00753 HEALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Garrett o. COUNTY a STATE death. 'n Garrett Maryland MARVIAND delay Department our b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 2, and . P.M3. P. Lifetime Rural, Grantsville Rural, Grantsville, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS th the State Dep thin 72 haurs a in Item 18. Give Pages 1, Office along with farm YES NO F 24 hours after death. 3. NAME OF Middle 4 DATE First Last Month Day Year DECEASED Snyder Ad a Jan. (Type or print) DEATH S. SEX B DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months x WIDOWED DIVORCED Female White 2-9-77 8 Qyrs. 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) COUNTRY? INDUSTRY Housewife Own Home rd 'pending' in pencil in Chief Medical Examiner's pages in any any Grantsville Rural. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Hester Siebert pup Tames Fazenbaker 臣 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) ((If yes give war or dates of service) ar removal, No Winfield Snyder, Grantsville. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Goronary thrombosis Sudden should be farwarded to the Ch crematian, DIJE TO Canditians, if any, which gave Arteriosclerosis, generalized rise ta immediate cause (a), DUE TO O stating the underlying couse burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? please execute the certificate, NO YES 0 Old fractured left leg pe 2Do. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld designated agent, priar PRIMARY C or CONTRIBUTING C MEDICAL EXAMINER: CAUSE OF DEATH. 2De. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Nat While DIRECTOR: Page at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x Inquiry -- . ond in my opinion for death resulted from: Undetermined monner Notural couses Accident? Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL (the funeral TO DEPUTY 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER 5 Address (Street, city, town, or county) Oakland. Md. James H. Feaster, Jr., M. NAME-(Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23g. BURIAL CREMATION. (County) Burial (Specify) Bittinger Garrett 1-23-67 Bittinger Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR Ochanles 25 1967 VR A15ME (5 Grantsville. Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral es 1 and 2 after death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Pages 1 Jrs after Garrett MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) etely filled in by bon papers. Page within 72 hours Py. 24 hours Davs Bayard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Garrett Co. Memorial Hospital executed within completely carbon 3. NAME OF First Middle DATE Last Month DECEASED DF (Type or print) Timothy Thorne Lynn DEATH Jan. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED XX last birthday) | Months Mala White OIVORCED WICOWED Their physician a Their please re removal, and in = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR 12. CITIZEN DE WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Oakland certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME KATHLEEN 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITYNO. 17. INFORMANT has been signed by the attent as the burial-transit permits prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) ID HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician. none no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) for use Health 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) D 0 this cer detached e Dept. c MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) After the de de State I factory, street, office bldg., etc.) Hour a.m. - Not While at work at work DIRECTOR, Af age 3 should I lied with the S 21. I certify that (I) (this hospital) attended the deceased from. from Jan. 25, 1967, to Jan. 27, 1967, that (I) (we) last and that death occurred ab : 154, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22a. 22b. DATE SIGNED ATTENOING STAFF M.O. OIRECTOR PHYS. TD FUNERAL D director, pag should be file 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Oakland. T 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) Bavard Cemeterv Bayard Buria REGISTRARIS SIGNATURE **FUNERAL DIRECTOR** ADORESS REC'O BY REGISTRAR L 25a. Oakland. Maryland DATE

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YES

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Days

COUNTRY?

IS RESIDENCE ON A FARM?

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMEO?

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